

# NATIONAL Assessment Centre Services

[wef: 1 Jan 05] MNA118088602

Date In: 9/7/18-19:49	Job description	Date & Time Completed	Done by
Ref No: NA/INC18012482/24	SAS e-filing		
Veh No: 56988800	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 8/7/18-23:00	i-Motor Claim Form	MT/1002261-001	9/7/18 20:29
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 56988800	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	%) [Note-Est. Status (WO): N: 0-20%; P: 21-79% F: 80-100%]	
Year of Registration: (	Warranty: YES ( ) / NO ( )	
Excess: (\$	Loading: \$1,000 ( ) / \$2,000 ( )	

General Remarks:

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: \_\_\_\_\_

Date/Time	Actions

NA1804340	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:			
Dat. 2 / 3:			



## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	09/07/2018 19:49
Date Of Accident	08/07/2018 23:00
Exact Location Of Accident	BLK 431B YISHUN AVE 1 CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLG8880U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ORANGE CARS
Co Reg No	53314768M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5092598238-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	VIJAY KUMAR SACHDEV
NRIC No	S1430799J
Date Of Birth	17/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81321017
Fax Number	
Contact Number	OFFICE-81321017
Email Address	NOEMAIL

Address	BLK 148 BUKIT BATOK WEST AVENUE 6 #04-315
Postcode	650148
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180709/2000.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ4392Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)



## SKETCH PLAN


### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages), and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time: \_\_\_\_\_

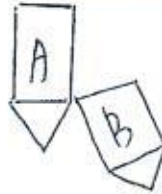
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No: \_\_\_\_\_

SKETCH PLAN

Carpark lot No. 63, in front of Bk 431 B Yishun Ave 1

parked stationary



① SLG 8880U

② SLJ 4392J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report No: T/20180709/2000

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.



Date of Accident : 08/07/18 Accident Time: 23:00 (24-HR-Format)

Accident Place : Carpark lot No. 63, in front of M/43/B, Vishnu Ave 1.

Vehicle Reg. No. (Car Plate No.) : SL 68880 U

Vehicle Make/Model : \_\_\_\_\_

Insurance Company : NTUC Policy No. 5092578238-01

Owner or Company Name / IC No. : Orange Cars / 53314768M

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : VIJAY KUMAR SACHDEV / S1430799J

DRIVER'S Date Of Birth : 17/11/96 DRIVER'S License Pass Date 10/5/2010

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others Hiker

DRIVER'S Address : 811 BUKIT BUKIT BUKIT WEST AVE 6 #04-31555 650148

DRIVER'S Contact No. / Alt No. : 1) 81371017 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : \_\_\_\_\_

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): \_\_\_\_\_ No driver, No passenger

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particular (if any)**

Vehicle Reg. No: (B) SLJ4392Z Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: (Hit and Run) Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_ Name Driver: \_\_\_\_\_

IC No. Driver: \_\_\_\_\_ IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_ Driver's Contact & Add: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20180709/2000

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

1 of 3

Report No. T/20180709/2000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/07/2018 00:01		Vide Report No.:		Station Diary No.: 1	
<b>Informant's Particulars</b>					
Name of Informant: VIJAY KUMAR SACHDEV			Address: APT BLK 148 BUKIT BATOK WEST AVENUE 6 #04-315 SINGAPORE 650148		
ID Type / ID No.: NRIC NO / S1430799J			Contact No.: Home/Office: Mobile: 81321017		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 17/01/1960	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/07/2018 23:00	Type of Location: Carpark
Location: Along Road 1 YISHUN AVENUE 1  At carpark lot no.63, infront of Blk 431B Yishun Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG8880U	Car				Slightly Damaged	0
SLJ4392Z	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20180709/2000

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

2 of 3

Report No. T/20180709/2000

**CONTINUATION OF REPORT**

Driver			
Name	VIJAY KUMAR SACHDEV	ID No.	S1430799J
Related Vehicle	SLG8880U (Car)	Contact No.	81321017
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 08/07/2018 at around 10.15pm, I had parked my car, SLG8880U at the car park lot no. 63, in-front of Blk 431B Yishun Avenue 1. I then proceeded to the nearby coffee shop to drink coffee together with my friends.

At about 11pm, I then proceeded back to my car, when a Malay lady from the 2nd floor of Blk 431B Yishun unit #02-599 had called out to me. The said lady Malay lady had then asked me to check on the left side of my car on whether it had any damages. I then made a checked and discovered that there was a dent on the left front side of my car.

The said Malay lady then told me that earlier, she had noticed a dark colored car driving with registration plate number SLJ4392Z, stopping in-front of my car at the said carpark. Subsequently, a lorry which was behind the said car had honked at the dark colored car. The said car had then reverse towards the empty lot on the left side of my car. The said car had then hit onto the left side of my car. The male driver had then went out of his car and check on the damage done and subsequently left the carpark. My car does not have any in-car camera installed.



**SINGAPORE  
POLICE FORCE**



T/20180709/2000

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

3 of 3

Report No. T/20180709/2000

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
F /  
Sr Staff Sgt ELRENO BIN SUBARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/07/2018 00:01

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

Authentication Stamp  
NP168



Signature: \_\_\_\_\_

Singapore Police Force

SN 085



## ACKNOWLEDGMENT

I, Vijay Kumar Sachdev holding NRIC /Passport No\* S1430799J  
(\*delete which is not applicable)  
of vehicle No. SLG 880U acknowledge the following :

1. I have been given Income's practice leaflet.
2. The counter-staff has explained Income's practice leaflet to me accordingly.
3. I am clear about the information disseminated by the counter-staff during my accident reporting.
4. My accident reporting is for  
(please circle the appropriate one)
  - a) reporting purpose only
  - b) claiming own damage
  - c) claiming third party
5. I came - a) with my workshop ]  
b) without my workshop ] (please circle the appropriate one)
6. My workshop who came with me is A-Tec Automotive P/L  
(please provide the name)
7. My preferred workshop who did not come with me is  
..... and not recommended  
(please provide the name) by the staff.

Signature : [Signature]

Date : 9/7/18

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number **S1430799J**

Name  
**VIJAY KUMAR SACHDEV**

Birth Date **17 Jan 1960**

Issue Date **10 May 2010**

001654971E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1430799J**



Name  
**VIJAY KUMAR SACHDEV**

Race  
**INDIAN**

Date of birth  
**17-01-1960**

Country of birth  
**SINGAPORE**

Sex  
**M**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 3000kg

ISSUE DATE **10 May 2010**

Licence No: **S1430799J**



NP 428A

4201778

67111

ISSUE No. **S1430799J**

Date of issue  
**09-04-2008**

Address  
**APT BLK 148 BUKIT BATOK WEST AVENUE 6  
#04-315  
SINGAPORE 650148**






## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5092598238-01

Cover : Third Party

- |   |                     |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle  | : SLG8880U          |
| Chassis Number  | : MR053HY9305098585 |
| 2. Name of Policyholder   | : ORANGE CARS       |
| 3. Effective Date of Insurance  | : 13 Apr 2018       |
| 4. Expiry Date of Insurance   | : 12 Apr 2019       |
| 5. Persons or Classes of Persons entitled to drive#   |                     |
| (a) The Policyholder.   |                     |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.   |                     |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. |                     |
| 6. Limitations as to Use#   |                     |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.  |                     |

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: S\$1,500
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: N/A
NCD PROTECTION	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: N/A

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AA INTERNATIONAL INSURANCE AGENCY (00000572347)  
Date of Issue : 07 Sep 2017 11:28 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

eBaoTech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="08/07/2018 23:00"/>						
Vehicle No. (For Motor)	<input type="text" value="SLG8880U"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5092598238-01	ORANGE CARS	53314768M	GFT	Third Party	SLG8880U	SLG8880U	13/04/2018	
<input type="button" value="Continue"/>									



## ▼ Policy Information

Policy No.	5092598238-01	Policyholder Name	ORANGE CARS	Policyholder NRIC	53314768M
Address	105 KAKI BUKIT AVENUE 1 #03-03 SHUN LI INDUSTRIAL PARK SINGAPORE 415987				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	07/09/2017	Effective Date	07/09/2017 00:00	Expiry Date	06/09/2018 23:59
Excess Type		All Claim Excess			
Third Party Excess	1500	Own damage Excess	0	Windscreen Excess	0
Additional Excess	0	OS Premium	11264.73		
Outside Singapore OD Excess	0	Outside Singapore TP Excess	1500	Young/Inexperience Driver Excess	
Agent	AA INTERNATIONAL INSURANCE	Agent Tel.	64646022	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	105 KAKI BUKIT AVENUE 1	Address 2	#03-03 SHUN LI INDUSTRIAL P.	Address 3	SINGAPORE 415987
Address 4		Address Type	Singapore address	Post Code	415987
Unit No.	02-03	Related Policy Number	5092598238-01		

▶ Insured Object: SLG8880U

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	08/09/2017 00:00	Basic Information Endorsement	000001286649705	Endorsement Take Effective	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 1 additional vehicle as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLS538Z 11-09-2017 \$870.95 In view of this amendment, an additional premium of \$870.95 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.</p>
2	18/09/2017 00:00	Basic Information Endorsement	000001286655706	Endorsement Undo	<p>Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover 3 additional vehicles as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SLS738M 18-09-2017 \$878.19 2. SLR9826M 18-09-2017 \$964.38 3. SJD5341T 20-09-2017 \$873.36 In view of this amendment, an additional premium of \$2,715.93 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment.</p>

### Claim Handling

The premium on this policy has not been collected.

- Exit.

Accident NY/1002261

Policy No.	S092598238-01	Vehicle No.	SLG8880U	GST Registration No.	
Policyholder Name	ORANGE CARS			Policyholder NRIC	53314768M
Product Code	FLEET INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	<div><div></div></div>
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
<div><div></div> Accident Details</div>					
Report Date	08/07/2018 20:27	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
Date of Accident	08/07/2018	Time of Accident hh:mm	23:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUK 431B YISHUN AVE 1 CARPARK				
<div><div></div> Benefits</div>					
<div><div></div> Excess</div>					
Own damage Excess	0.00	Additional Excess	0	Windscreen Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	0.00		
Third Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
<div><div></div> GST Registered Information</div>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History					
<div><div></div> Policyholder Mailing Address</div>					
Address 1	105 KAKI BUKIT AVENUE 1	Address 2	#03-03 SHUN LI INDUSTRIAL P	Address 3	SINGAPORE 415987
Address 4		Address Type	Singapore address	Post Code	415987
Unit No.	02-03	Related Policy Number	S092598238-01		
<div><div></div> OT Driver Info</div>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	VIJAY KUMAR SACHDEV	Driver NRIC	S1430799J	Driver DOB	17/01/1960
Register Date of Driver License	10/05/2010	Driver Age	58	Driving Experience	8
Contact No.(Mobile)	81321017	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 148	Address 2	BUKIT BATOK WEST AVENUE 6	Address 3	SINGAPORE 650148
Address 4		Address Type	Singapore address	Post Code	650148
Unit No.	04-315				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No		

#### Modification History

Claim 001	New
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Claim Type *	CO-MK	Insured Name	ORANGE CARS	Insured NR/C	53314788M
Contact No.(Mobile)	91707910	Contact No.(Home)		Contact No.(Office)	+
Email Address		Oil Vehicle Number	SLG8880U	TP Vehicle Number	SLJ4392Z
Claim Description	SLG8880U / SLJ4392Z ON 8 Jul 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	G3A report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	08/07/2018 00:00
Date Registered	09/07/2018 20:29	Claim Close Date			
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

## Attachment



















Accident No. MT/1002261		Claim No. 001	
Last Doc. Received <input checked="" type="radio"/> Yes <input type="radio"/> No		Upload Date 09/07/2018 20:30	

Path *	Category *	Confidential	Urgency *	Description *
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>
<input type="text"/>	<input type="button" value="Browse..."/> <input type="button" value="Clear"/> Please Select	<input type="button" value="NO"/> <input type="button" value="YES"/>	<input type="button" value="Normal"/> <input type="button" value="Urgent"/>	<input type="text"/>



Attachment List

Attachment	Uploaded By/Date	Category		Urgency	Description	Msg Sent? (CD)	Action
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	SAS		Normal	SAS 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:30	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:29	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:29	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:29	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:29	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 09 Jul 2018 20:29	Photos		Normal	Photos 2018-7-9		<a href="#">Edit</a>
Video List							
Uploaded By/Date	Folder Date	File Name		Source	Action		
Display in New Window							
Scan and uploading							